The State of Maryland Drug Use Review (DUR) Board
Thursday, March 4, 2010
Meeting Minutes

DUR Board Attendees
DUR Board Members: R. Ebiasah, P. Kahn, M. Kaplan, N. Leikach, K. O'Reilly, N. Sandson, N. Sheth, S. Wienner
D*HMH:* A. Alexandrou, M. Borden, P. Holly, D. Klein, D. Shah, A. Taylor
ACS: I. Ivey, K. Farrakhkan
HID: K. Holland, J. Paradis, J. Walker
Provider Synergies: G. McKnight-Smith

Introductions
Self-introductions were made by Board members and other attendees.

Old Business
Minutes from the December 3, 2009 meeting were approved.

Maryland Medicaid Pharmacy Program
The Department received some comments from industry representatives that were incorporated into the final code of conduct. Anyone needing a final version can request a copy from P. Holly by e-mail. It will be determined if a copy can also be posted on the Department's website.

The Pharmacy and Therapeutics (P&T) Committee February meeting was postponed until March 2, 2009 due to inclement weather. A new category was added for fibromyalgia agents. Most recommendations made by Provider Synergies were approved by the P&T Committee with the exception of recommendations made for antipsychotics and bladder relaxant agents. The P & T Committee did not send any items to the DUR Board for review as a result of the March 2, 2010 meeting.

ACS State Healthcare Systems
ACS can provide the Board with information on both drugs involved with a drug-drug interaction. This would be accomplished through a separate report available at the next meeting.

ACS discussed quarterly reports distributed at the meeting. The number of prior authorization requests for the 4th quarter of 2009 was much greater than previous quarters. Requests for analgesics increased due to the unavailability of generics for some agents. Anti-infective requests were also increased during the beginning of the flu season. Requests for non-preferred antipsychotics were also noted.

Alerts for duplicate anticonvulsants and antipsychotics represented the highest number of therapeutic duplication alerts. The highest number of requests for early refills was for anti-anxiety agents. A prescription is categorized as early refill if less than 85% of a 30-day supply of a non-controlled drug has been used. Board members recommended there be consistency among MCO and fee-for-service definitions of what constitutes an early refill. The Department will contact the MCOs and determine what standards they use to determine early refills.

Board members questioned if patients could obtain early refills if inclement weather were predicted. Since inclement weather is so unpredictable, it would be difficult to adjust the early refill policy unless a pattern of unusual weather was to be forecast. However, the Department will evaluate the possibility of including some kind of exception. There is a 72-hour emergency supply override which could be utilized in situations of inclement weather. In addition, there is a vacation override policy in effect, which can be obtained every 6 months.

Early Refill alerts are the only edits that require a phone call to ACS in order to override the claim. Therapeutic duplication edits deny the claim, but the provider can override this hard edit by entering intervention codes. The code "MO" (provider contacted physician) still continues to be the most commonly entered intervention code. Anti-depressants were the highest occurring drug-drug interactions alerts.

Call center activity increased over the previous quarter due to PDL changes that went into effect October 1, 2009, the flu season and generic shortages.

Board members requested that the Department evaluate the possibility of exempting mental health prescribers from PDL restrictions for mental health drugs. The question was posed as to whether there could be a mechanism for identifying mental health prescribers, and if so, bypass the PDL restrictions for these prescribers. The Department explained that they did research this possibility, however, at this time, due to limitations of the current claims adjudication system, staffing limitations and budget constraints, a system such as this would likely not be available in the foreseeable future. Board members informed the State that the state of Ohio has such a process in place and it was suggested that information from Ohio be examined in terms of cost savings and other impacts to their Medicaid program. The Department will obtain more information on the Ohio system.

Board members asked if information is available on late refills. HID can provide this information based on retrospective interventions they have made with antiretroviral agents, lipid lowering agents and antihypertensive. It was requested that ACS add late refill alerts to their quarterly reports.

There was discussion concerning drug-drug interactions and which types of interactions should be considered to be more significant. Since N. Sandson is an expert regarding drug interactions, he volunteered to develop a list of some more commonly encountered significant drug interactions. ACS will also report both drugs involved in the top 5 drug-drug interactions at the next meeting.

Health Information Designs

It was noted that Dr. Mary Mussman's signature appears as the Maryland Medicaid Medical Advisor on all DUR letters.

A report was distributed showing summarizing DUR letters for non-adherence of lipid lowering agents and antihypertensive agents. The response rate from prescribers was 15%, which is low compared to other states. Response rates range from 10% – 50%. Response rates to letters addressing overutilization of controlled substances are usually higher. In HID's experience, response rates to underutilization or

non-adherence letters are typically lower. Board members recommended that non-adherence of anti-retroviral agents be assessed again, since this was done last year and would merit repeating. In addition to monitoring non-adherence to lipid lowering drugs and antihypertensive agents, it was recommended that an effort be made to identify patients with multiple risks factors for adverse cardiac events. HID will evaluate non-adherence to antiretroviral agents next month and report back to the Board at the next meeting concerning identification and interventions for patients at risk for cardiac events.

There was also some discussion of non-adherence to mental health drugs, specifically antidepressants and antipsychotic agents. The Board recommended that after non-adherence to antiretroviral medications were evaluated, HID should evaluate non-adherence to antipsychotic agents.

Other Business

The continuing education program on mental health issues at St. Agnes Hospital has been rescheduled to October 16, 2010. The program will include breakfast and run from 8am to 1pm. The agenda and objectives of the program are being finalized.

The American Drug Utilization Review Society (ADURS) meeting was attended by A. Taylor. The meeting includes State Medicaid representatives from around the country and was well attended. The forum provides an excellent opportunity for Medicaid representatives to compare programs and share information.

Suggestions were made for ways in which to decrease the amount of paper handouts used during the meeting. For the next meeting the agenda will be continued to be handed out in hard copy, but a projector will be used to present other materials. Board members may also bring their laptop computers as well.

There being no further business, the meeting was adjourned at 10:25 a.m.